

UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549

1214197

SEC  
Mail Processing  
Section

JAN 15 2008

Washington, DC

## FORM D

NOTICE OF SALE OF SECURITIES  
PURSUANT TO REGULATION D,  
SECTION 4(6), AND/OR  
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
OMB Number:	3235-0076
Expires:	April 30, 2008
Estimated average burden hours per response . . . . .	16.00

SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Private Offering of Common Shares of Pointer Offshore, Ltd.

Filing Under (check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE  
Type of Filing: ☐ New Filing ☒ Amendment

## A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

POINTER OFFSHORE, LTD.

Address of Executive Offices (Number and Street, City, State, Zip Code)

c/o Trident Trust Co. (Cayman) Limited, One Capital Place, P.O. Box 847GT,  
Grand Cayman, Cayman Islands

Telephone Number (Including Area Code)

(345) 949-0880

Address of Principal Business Operations (Number and Street, City, State, Zip Code)  
(if different from Executive Offices)

735 Broad Street, Suite 1108, Chattanooga, Tennessee 37402

Telephone Number (Including Area Code)

(423) 266-3544

Brief Description of Business

Investment Fund

Type of Business Organization

☐ corporation ☐ limited partnership, already formed ☒ other (please specify): Cayman Islands exempt corporation  
☐ business trust ☐ limited partnership, to be formed

PROCESSED

Actual or Estimated Date of Incorporation or Organization: Month Year  
[ 10 ] [ 02 ] ☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  
CN for Canada; FN for other foreign jurisdiction) [ F ] [ N ]

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## GENERAL INSTRUCTIONS

## Federal:

**Who Must File:** All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

**When to File:** A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

**Where to File:** U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

**Copies Required:** Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

**Information Required:** A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

**Filing Fee:** There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (5-05) Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☐ Executive Officer    ☐ Director    ☒ General and/or Managing Partner (Investment Manager)

Full Name (Last name first, if individual)

Pointer Offshore, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108    Chattanooga, Tennessee 37402

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☐ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Davenport III, Joseph H.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108    Chattanooga, Tennessee 37402

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☐ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

McKenzie, W. Thorpe

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108    Chattanooga, Tennessee 37402

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☐ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Stout, John A.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108    Chattanooga, Tennessee 37402

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☐ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Tatum, Myra G.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108    Chattanooga, Tennessee 37402

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☐ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Anderson, Peter

Business or Residence Address (Number and Street, City, State, Zip Code)

One Capital Place, P.O. Box 897 GT    Grand Cayman, Cayman Islands

Check Box(es) that Apply:    ☐ Promoter    ☐ Beneficial Owner    ☒ Executive Officer    ☐ Director    ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Walmsley, William

Business or Residence Address (Number and Street, City, State, Zip Code)

One Capital Place, P.O. Box 897 GT    Grand Cayman, Cayman Islands

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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**A. BASIC IDENTIFICATION DATA**

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**2. Enter the information requested for the following:**

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

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Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☒ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

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Full Name (Last name first, if individual)

Logterman, Joseph A.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108     Chattanooga, Tennessee 37402

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Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☒ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

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Full Name (Last name first, if individual)

Davenport IV, Joseph H.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108     Chattanooga, Tennessee 37402

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Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☒ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

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Full Name (Last name first, if individual)

Chitty, Charles B.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108     Chattanooga, Tennessee 37402

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Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☒ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

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Full Name (Last name first, if individual)

Burke, Tyler F.

Business or Residence Address (Number and Street, City, State, Zip Code)

735 Broad Street, Suite 1108     Chattanooga, Tennessee 37402

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Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☐ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

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Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code)

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Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☐ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

---

Full Name (Last name first, if individual)

---

Business or Residence Address (Number and Street, City, State, Zip Code)

---

Check Box(es) that Apply:     ☐ Promoter     ☐ Beneficial Owner     ☐ Executive Officer     ☐ Director     ☐ General and/or Managing Partner

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Full Name (Last name first, if individual)

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Business or Residence Address (Number and Street, City, State, Zip Code)

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 799,965,000

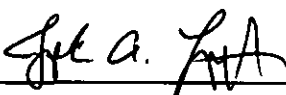
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b above.

	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and Fees	[ ] \$ 0	[ ] \$ 0
Purchase of real estate	[ ] \$ 0	[ ] \$ 0
Purchase, rental or leasing and installation of machinery and equipment	[ ] \$ 0	[ ] \$ 0
Construction or leasing of plant buildings and facilities	[ ] \$ 0	[ ] \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[ ] \$ 0	[ ] \$ 0
Repayment of indebtedness	[ ] \$ 0	[ ] \$ 0
Working capital	[ ] \$ 0	[ ] \$ 0
Other (specify) <u>Investments</u>	[ ] \$ 0	[X] \$ 799,965,000
	[ ] \$ 0	[ ] \$ 0
Column Totals	[ ] \$ 0	[X] \$ 799,965,000

Total Payments Listed (column totals added) [X] \$ 799,965,000

## D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) <b>POINTER OFFSHORE, LTD.</b>	Signature 	Date January 14, 2008
Name of Signer (Print or Type) <b>Joseph A. Logterman</b>	Title of Signer (Print or Type) <b>Chief Financial Officer of Pointer Offshore, LLC, Investment Manager</b>	

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END